Mail To:
Neil Clark
Accounting Services & Controls

UCSB Office of the Controller
Financial Management Certificate Program
Application

This application signifies my intent to complete the UCSB Financial Management Certificate Program.

Name:_____ Employee ID#_____
(as it should appear on your certificate)

Job Title:_____

Extension:_____ E-mail:_____

Department/Location:_____

Name of Supervisor:_____ Extension:_____

Supervisor Email:_____

Staff:_____ Academic:_____ Date of Hire:_____
(Month/Year)

Date of Attendance at the Business Officer Institute: (mo/year) _____

Non-refundable Application Fee:$30.00 **OR**: Make check payable to UC Regents.

Charge Budget: 8-_____-_____-_____
Account Fund Sub

OR
BA/RC Number:_____

Supervisor's Signature_____ Date_____

For Office of the Controller Use

Required Courses

_____Ethics and Fraud in the Workplace Course Code: 3001

_____Office of the Controller and Internal Controls Course Code: 3002

_____Stewardship, Accountability and Regulatory Compliance Course Code: 3003

_____Resource Mgmt, Data Integrity & the Computing Envir. Course Code: 3004

_____Risk Assessment Course Code: 3005

Optional Courses (complete 2 to earn certificate)

_____Fund Accounting Course Code: 3006

_____UC Tax Issues Course Code: 3007

_____UCSB Budget Process Course Code: 3008

_____Disaster and Business Continuity Planning Course Code: 3009

Certificate Awarded:

_____

(rev. 3/07)